



# Our Lady of the Lake University Medical Questionnaire For Returning Athletes.



Name \_\_\_\_\_ Age \_\_\_\_\_ Sport \_\_\_\_\_  
Year in School \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions and explain any yes in the space provided.

1. Have there been any changes in your family health history in the past year (heart attack, stroke)? Yes No
2. Has there been a significant change in your health history in the past year? Yes No
3. Have you had an illness during the past month (ex: cold, flu, sore throat, fever)? Yes No
4. Have you had an illness during the past year that has restricted your normal activity for more than a week? Yes No
5. Have you had an injury during the past year that restricted your normal activity for more than a week? Yes No
6. Have you had any surgeries during the past year?  
Is yes, a) list the surgery \_\_\_\_\_  
b) have you completed rehab and been released from the doctor? Yes No
7. Have you had a head injury or concussion in the past year (this includes injuries sustained outside of sports)? Yes No
8. Have you had a neck/and or back injury in the past year? Yes No
9. Are you currently under a physicians care? (include care by any certified health professional, i.e. chiropractor, acupuncturist, herbologist, etc) Yes No
10. Are you currently taking any medications? Yes No  
If yes, list medications \_\_\_\_\_  
For what \_\_\_\_\_
11. During the past year, while exercising or shortly thereafter, have you experienced any of the following: chest pain, or the feeling as if your heart is racing or skipping a beat, fainting, significant or unusual shortness of breath? Yes No
12. Have you been seen by your primary care (family) physician in the past year? Yes No
13. Have you had a dental examination in the past year? Yes No
14. Have you had an eye examination in the past year?  
If yes, was there a change in vision that now requires the use of glasses or contacts? Yes No
15. Are you aware of any medical reasons why you should not participate in athletics? Yes No  
Explanations: \_\_\_\_\_

I hereby state that, to my best of knowledge, my answers to the above questions are accurate.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_